w której zawarto pytania o ich oczekiwania w stosunku do lekarza, pielęgniarki, psychologa i technika radioterapii. Zadaniem badanych było ustalenie hierarchii ważności następujących określeń: uśmiech, rozmowa, pocieszenie, doświadczenie w pracy, zdecydowanie, cierpliwość, informacja na temat choroby i przebiegu terapii, fachowość.

Wyniki. Pacjenci oczekują od: - lekarza - informacji, uśmiechu i doświadczenia zawodowego - pielęgniarki – uśmiechu i rozmowy - psychologa – rozmowy i pocieszenia - technika radioterapii – doświadczenia w pracy i rozmowy.

Wniosk. 1. Wszystkie osoby sprawujące profesjonalną opiekę nad pacjentami z chorobą nowotworową wzajemnie uzupełniają się i zaspokajają ich potrzeby w trakcie prowadzonej terapii.

298.
TOXICITY AND SURVIVAL FOLLOWING RADICAL RADIOTHERAPY IN BLADDER CANCER PATIENTS – A SINGLE INSTITUTION EXPERIENCE

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Bladder cancer is the second most common malignancy of the genitourinary tract. The efficacy of RT in more advanced disease or loco-regional recurrences is unsatisfactory. Surgery remains a mainstay of radical treatment, whereas radical radiotherapy alone or radiotherapy preceded by induction chemotherapy are optional organ-sparing methods. In our institution indications for external beam irradiation include positive surgical margins, T3 or N2. Here we present the analysis of treatment tolerance and patient survival in a consecutive series of patients who underwent postoperative radiotherapy for bladder cancer between 1992 and 2002.

Patients and methods: Hospital charts of 51 patients (3 women and 48 men, median age 64 years), were retrospectively reviewed. T2, T3a, T3b and T4a stages were diagnosed in 14, 18, 7 and 11 cases respectively. Eleven patients underwent radical cystectomy (8 Bricker-type and 3 other-type radical cystectomies), and in the remaining 40 patients transuretheral resection only was performed. In all cases surgical treatment was followed by conventionally fractionated megavoltage radiotherapy (two antero-posterior opposed fields) delivered to the whole pelvis to the total dose of 45-48 Gy, followed in 44 patients by a boost to the bladder to the total dose of 54-70 Gy (median 60 Gy; three- or four-field technique).

Results: At a follow-up time of 4-119 months (median 22 months), 14 patients (27%) have been alive for a median of 47 months. Median actuarial survival for the whole group was 33.6 months. One patient was lost to follow-up. Acute toxic side-effects of treatment included grade 3 or 4 diarrhoea in 12 patients, dysuria in 14 patients, and both aforementioned side-effects in 5. Grade 3 acute side-effects occurred only in patients who received the total dose of at least 50 Gy. Median total dose in patients who experienced grade 3 bowel toxicity and bladder toxicity was 58.5 Gy and 60.3 Gy, respectively. At the total dose range of 50-59 Gy, 2 out of 14 patients experienced grade 3 dysuria, and 5 of 12 had bowel problems. Other (12 bladder, 7 bowel) toxicities were seen at the total dose of at least 60 Gy. 23 patients (45%) did not report any serious acute reactions.

Conclusion: Radiotherapy for bladder cancer is associated with manageable early toxicity, but its efficacy is still far from satisfactory.

299.
IN VIVO MEASUREMENTS OF ENTRANCE DOSES IN 60CO TELETHERAPY USING EPR/ALANINE DOSIMETRY

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The results of in vivo dosimetry in radiotherapy using alanine detectors are presented. This dosimetric method is based